

09/753,496

POSITION	DATE	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		149	2/1/01
FORMALITY REVIEW	<i>Revised</i>	505	02 16 01
RESPONSE FORMALITY REVIEW	<i>request</i>	925	05-31-01

INDEX OF CLAIMS

X ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

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If more than 150 claims or 10 articles  
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